

Bramblehaies Surgery

TRAVEL RISK ASSESSMENT FORM

Please complete this form prior to your travel appointment and return to reception

YOU WILL BE ASKED TO PAY PRIOR TO THE IMMUNISATIONS BEING GIVEN
CASH/CHEQUES **ONLY** PLEASE

Personal details

Name:	Date of birth: Male [] Female []
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Easiest contact telephone number

E mail

Dates of trip

Date of Departure

Return date or overall length of trip

Itinerary and purpose of visit

Country to be visited	Length of stay	Away from medical help at destination, if so, how remote?
1.		
2.		
3.		

Please tick as appropriate below to best describe your trip

1. Type of trip	Business		Pleasure		Other		
2. Holiday type	Package		Self organised		Backpacking		
	Camping		Cruise ship		Trekking		
3. Accommodation	Hotel		Relatives / family home		Other		
4. Travelling	Alone		With family / friend		In a group		
5. Staying in area which is	Urban		Rural		Altitude		
6. Planned activities	Safari		Adventure		Other		

Personal medical history

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)

Smoking Status: Smoker Never smoked Ex-Smoker

Cigarettes per day Cigars per day Ounces of tobacco

List any current or repeat medications

Do you have any allergies for example to eggs, antibiotics, nuts ?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?

Please write below any further information which may be relevant

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed _____ Date _____

Please contact the surgery 7 days following completion of this form to be informed of vaccinations required

TARIFF OF CHARGES FOR TRAVEL ADVICE AND VACCINATIONS

	COST PER DOSE	DOSE REQUIRED	TOTAL COST	IMMUNITY NOTES
CERTIFICATE OF VACCINATION (COMPULSARY FOR SOME DESTINATIONS)	£15		£15	
HEPATITIS A	NO CHARGE	2	NO CHARGE	25 YEARS
HEPATITIS B	£28	3	£85	1 BOOSTER AT 1 YEAR BEWARE OPERATING MACHINERY AND DRIVING ON THE DAY OF VACCINATION
HEPATITIS B PAED	£20	3	£60	
HEPATITIS A JUNIOR	NO CHARGE	2	NO CHARGE	20 YEARS
HEPATITIS A/TYPHOID COMBINED	NO CHARGE	1	NO CHARGE	WILL REQUIRE A HEP A BOOSTER 9-36 MONTHS, THEN 25 YEARS. THEN TYPHOID REQUIRED EVERY 3 YEARS
JAP B ENCEPHALITIS	£87.50	2	£175	
MENINGITIS ACWY(POLYSACCHARIDE)	£45	1	£45	
MENINGITIS ACWY (CONJUGATED)	£65	1	£65	
MMR	£20	Discuss with nurse	Discuss with nurse	IT IS IMPORTANT YOU ARE NOT PREGNANT WHEN YOU HAVE THE VACCINE OR FOR THREE MONTHS FOLLOWING
PRIVATE PRESCRIPTION (IE MALARIA)	£15		£15	
RABIES	£46	3	£140	2-5 YEARS
TET/DIP/POLIO	NO CHARGE	Discuss with nurse	NO CHARGE	10 YEARS WHEN COURSE COMPLETE

TICKBORNE ENCHAPHALITIS ADULT	£72.50	2	£145	
TICKBORNE ENCHAPHALITIS PAED	£50	2	£100	
TYPHOID	NO CHARGE	1	NO CHARGE	3 YEARS
YELLOW FEVER	£60	1	£60	10 YEARS
YELLOW FEVER CERTIFICATE (DUPLICATE)	£10			ONLY APPLICABLE TO YELLOW FEVER

PLEASE MAKE CHEQUES PAYABLE TO BRAMBLEHAIES PARTNERSHIP
OR VIA CASH

Charges are dependent on the costs to the practice in obtaining the
vaccinations for administration